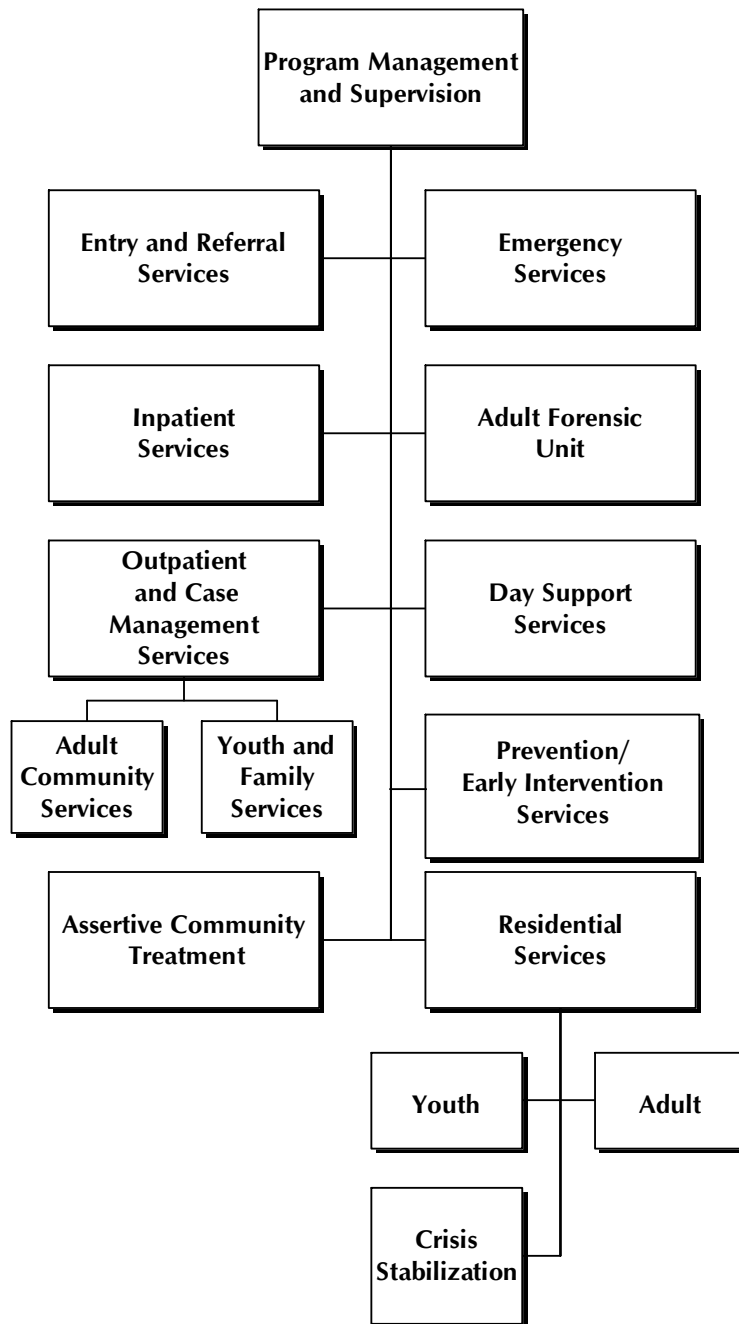


Fund 106

Community Services Board (CSB) - Mental Health Services



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Community Services Board (CSB) - Mental Health Services

Mission

To partner with residents and service providers of Fairfax County and the cities of Fairfax and Falls Church to establish a network of integrated and accessible mental health services that will ensure safety and promote wellness, compassion, respect and dignity for individuals and families. The goals of these services are to assist consumers to:

- ◆ Stabilize mental health crises and symptoms;
- ◆ Maintain functioning in the community with the least restrictive setting;
- ◆ Prevent relapse of symptoms; and
- ◆ Acquire adaptive living skills.

To educate the community and human services network so that they may assist in the prevention and treatment of mental illness.

Focus

Mental Health Services provides leadership in the management, supervision, planning, evaluation and resource allocation of local, state, federal and grant funds to ensure that consumers and families of persons with serious mental illness and serious emotional disturbance receive quality clinical and community support services. Mental Health Services manages service delivery at seven directly-operated community mental health sites, more than fifteen 24-hour residential treatment facilities, and a 24-hour emergency services program; and oversees contracted mental health services provided by private vendors. Services are provided through eight cost centers: Program Management and Supervision, Inpatient, Emergency, Day Support, Residential, Outpatient and Case Management, Prevention/Early Intervention and Assertive Community Treatment.

While Program Management and Supervision Services provides management, programming, financial monitoring, training and general support services, the remaining seven cost centers provide directly-operated and contracted mental health services to clients.

Emergency Services includes several units serving adults, adolescents and children who are actively suicidal, acutely homicidal due to mental illness or severely mentally ill and unable to care for themselves that their lives are in jeopardy. Through emergency walk-in sites and the Mobile Crisis Unit, Emergency Services takes crisis intervention into the community. Working closely with public safety agencies, the Mobile Crisis Unit includes a 24-hour-per-day rapid deployment team that responds to hostage/barricade incidents with the SWAT team and police negotiators. The Adult Forensic Unit addresses the needs of Adult Detention Center inmates who have serious mental illnesses by providing forensic evaluations, risk screenings, crisis intervention, placement recommendations, and medication and release planning. The Court Independent Evaluators program provides clinical psychologists to independently evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing and to assist the court in making such determinations, as required by the Code of Virginia. The Entry and Referral Unit serves as the primary point of contact for individuals seeking services. Staff members gather information from callers, assess for immediate risk issues, connect anyone with emergency needs to immediate care, and set up intake appointments for those requiring longer term services.

For those not in crisis situations, Day Support Services provides an intensive, highly-structured stabilization, evaluation and treatment setting for adults with serious mental illness and adolescents with serious emotional disturbance, including those who are dually diagnosed. In addition to a directly-operated Comprehensive Day Treatment program, Day Support includes contracted all-day rehabilitative programs which place special emphasis on vocational preparation and placement.

For those requiring more support, Residential Services provides residential treatment and support services to adults with serious mental illness and youth with serious emotional disturbance. In addition to traditional residential services, Residential Services includes two acute care programs seeking to divert individuals from more restrictive and costly psychiatric hospitalization. These programs, Adult Crisis Care and Youth Crisis

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Care, provide short-term intensive crisis intervention and stabilization services in a residential setting. Likewise, the Women's Shelter is a short-term confidential crisis program providing crisis intervention, counseling and case management services for victims of domestic abuse and their children.

Outpatient and Case Management provides an array of treatment services including individual and group therapy and medication management to adults, children and their families who are able to access customary outpatient mental health services. Prevention/Early Intervention provides consultation to community agencies, the public and other providers through Grief Counseling Services, the Victim Assistance Network program and the Anger and Domestic Abuse Prevention and Treatment (ADAPT) anger management program. Lastly, for those individuals with symptoms and impairments who, for reasons related to their mental illness, resist or avoid involvement with traditional office-based outpatient services, the Program for Assertive Community Treatment (PACT) team offers intensive outreach and mental health treatment services for individuals in their homes, work places or other environment of need.

Trends

A number of clinical practice and policy trends will shape the way mental health services are delivered over the next decade. Most of these trends are likely to result in improved clinical care, improved outcomes for clients and improved allocation of public resources. For instance, the recovery philosophy which asserts that individuals with mental illness can recover and are responsible for the solution, not the problem, is becoming increasingly prominent at the local, state and federal levels. As a result, attempts to design or redesign services to improve treatment outcomes increasingly include input from consumers and their families and focus on the "whole person", not just the symptoms of mental illness. In addition, services seek to reduce the stigma associated with mental illness, protect consumer rights and respect diversity.

In addition, the trend in community mental health toward evidence-based practices and outcome-driven programmatic decisions will affect the type and manner in which mental health services are delivered. Historically, competing theories of psychotherapy were taught in different universities. As a result, personal preference and belief in a given theory formed the basis for clinical practice. Due to accumulated research and a growing body of national literature, however, proven outcomes – evidence – now serves as the basis for clinical practice and drives decisions about the kinds of treatment provided. For improved service delivery, these evidence-based practices must be translated into training and provided to staff on an ongoing basis.

There is also a growing emphasis on integrated treatment for dually diagnosed individuals. While Mental Health Services and Alcohol and Drug Services are discrete programs with individual budgets and staff, consumers who seek service from each organization often have clinical problems that require the services of both. Estimates vary, but between one-third and one-half of all persons with mental illnesses also have an alcohol or drug problem. Unless both problems are treated simultaneously, and in some coordinated fashion, clinical progress is slow to non-existent.

Likewise, there is an increasing understanding of the complex ways that services and programs are interconnected and impact upon one another. There is a trend away from organizational "stovepipes" toward a more "seamless" system which clients can navigate more easily. Consequently, program redesign efforts focus on greater communication between program areas and specific efforts to coordinate services.

At a more macro level, case management is a service designed to manage the fragmentation of health, mental health and social services. As service systems become increasingly complex and demand for services outpaces supply, case management becomes even more important to connect individuals with needed services. While there are many models of case management and the needs of consumers in large community mental health settings are varied in intensity and complexity, case management services must have a recovery focus and reflect evidence-based best practices for optimal use of limited resources. As state hospitals become increasingly constrained by the number of clients they can serve and communities become responsible for the treatment needs of individuals with severe and persistent mental illness, outreach services for at-risk consumers, a specific activity of intensive case management, becomes increasingly important. If these individuals are unable, either due to logistical reasons or to the symptoms of their illness, to come into

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the mental health center, it becomes imperative to do assertive outreach to engage them in the process of recovery.

Factors that may impact how business is conducted:

- Rising numbers of adults and children without health insurance. While Fairfax County is one of the most affluent localities in the nation, 35 percent of its population has an annual income less than \$25,000. In March 2000, 8 percent of households – 82,000 residents – lacked health insurance coverage. By 2010, that number is projected to reach 132,000 persons. This means that there is likely to be an increase in the number of persons who seek publicly funded care and, at the same time, a decrease in those new consumers who will be able to use insurance to pay for mental health services.
- Growing need for primary medical care. Not only is the number of uninsured individuals in the Fairfax-Falls Church CSB's service area rising, but there is also an increase in the number of people who require primary medical care. In recent years, there has been a clear rise in the number of people seeking mental health treatment who also have concurrent medical problems that impact general well-being and complicate psychiatric care.
- Growth of over age 65 population through 2050, with 51,000 more seniors in the County by 2010. As the Baby Boom cohort ages and becomes part of the senior population, there are two potential impacts. First, that population will present new psychiatric needs common to geriatric populations. Second, aging parents who have been caring in their homes for young and middle-aged adults with serious mental illness, will be less able to do so. This will result in an increased demand for mental health residential facilities and resources.
- Increasing demand for psychotropic medications and increasing cost. Advances made in the last decade in the quality and effectiveness of psychotropic medications have been remarkable, reducing the length of hospitalizations, periods between hospitalizations and long-term health care costs, while increasing the quality of life for consumers. In the short run, however, the newest medications are extremely costly.
- Demands of increased population growth in the County and demands for culturally competent MH services. The County's population is growing about 15,000 persons per year while, at the same time, there are changing socioeconomic patterns of more cultural and linguistic diversity in that population. This places both a demand of more people seeking services and a need for the mental health system to attempt to provide culturally competent mental health services. This is challenging in a locality where more than 100 languages are spoken.
- Increased homelessness among indigent consumers as increases in housing costs exceed SSI checks. The lack of affordable housing will result in conditions that will worsen considerably for CSB consumers. The CSB may be forced to spend funds intended for treatment on housing. For example, in September 2004, 501 adults were waiting for residential services. These waiting lists will grow much longer unless Medicaid and/or State General Funds are available in sufficient amounts.
- Aging mental health treatment facilities will demand more dollars for renovations and maintenance.
- The likely loss of private sector psychiatric beds. There is a clear national and state trend of private sector psychiatric inpatient units either downsizing or closing altogether. Hospitals say that psychiatric units are not profitable or break even, under the most favorable circumstances. In the Northern Virginia region, there are at least three hospitals which have announced their intentions to downsize or close all of their beds. If anything, the demand for inpatient beds will increase in coming years and if beds are unavailable, people who need them will get sicker in the community and become more at risk.

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New Initiatives and Recent Accomplishments in Support of the Fairfax County Vision

 Maintaining Safe and Caring Communities	Recent Success	FY 2006 Initiative	Cost Center
At a November 2003 summit, the Board of Supervisors, community advocates and agency heads from public safety, human services and mental health committed to collaborate on a jail diversion program for seriously mentally ill individuals. During FY 2004, an interagency planning workgroup made significant strides in assessing the issues and proposed a two prong diversion approach for the County. The program will begin active operation in FY 2006 and will divert 1,200 persons with mental illness or persons who are inebriated in public from arrest annually. One prong will be in Mental Health Services while the second will be in Alcohol and Drug Services.	✓	✓	Agencywide
Continue to increase presence in homeless shelters through the establishment of nurse and psychiatrist/medication hours and the provision of new client intakes at all shelters. These initiatives lower barriers to those seriously mentally ill, dually diagnosed and substance abusing individuals who might not engage in services if they had to come into a mental health center at the outset. Created a unified CSB delivery team comprised of Mental Health and Alcohol and Drug Services staff at each shelter to serve consumers more efficiently and effectively.	✓	✓	Residential
In FY 2006, Youth Crisis Care will open a facility as a community-based alternative to psychiatric hospitalization for youth. Services will include diagnostic assessment, crisis intervention and targeted treatment in a short-term residential setting.		✓	Residential
Opened Woodburn Place, a fully-handicapped accessible Crisis Care facility, which will offer short-term intensive crisis stabilization services as a community-based alternative to psychiatric hospitalization for adults. Renovation was active during FY 2004 and the facility is expected to open in mid-winter FY 2005.	✓		Residential
A memorandum of understanding signed between the CSB and the Office for Children Head Start program will provide up to 21 hours of clinical services per week in the northern and southern regions of the County. Services are targeted primarily to children between the ages of two and five and include individual, group and family therapy, as well as clinical observation of classroom behavior and clinical consultation with Head Start staff members.	✓		Outpatient

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 Maintaining Safe and Caring Communities	Recent Success	FY 2006 Initiative	Cost Center
Continue to provide training on evidence-based practices. Initiatives include a Clinical Practices Workgroup, ongoing training for staff in contemporary cognitive therapies, use of psychoeducational group programming for emotional regulation, integrated treatment for dually diagnosed consumers and how to effectively use psychotropic medications.	✓	✓	Agencywide
 Creating a Culture of Engagement	Recent Success	FY 2006 Initiative	Cost Center
Implemented redesign recommendations of the Day Support network study and work group. The redesign is rooted in the Recovery Model and places heavy emphasis on helping consumers: find and keep employment; have choices in their treatment options; manage their own drop-in centers; participate in program evaluation and policy planning; and become more self-sufficient as they partner in their treatment.	✓		Day Support
 Exercising Corporate Stewardship	Recent Success	FY 2006 Initiative	Cost Center
Significantly tightened business practices, increased fee revenue targets and collected \$5.8 million, or 108 percent, of Mental Health Services' fee revenue targets in FY 2004.	✓		Agencywide
Continue to expand Medication Cost Containment initiative to reduce the increasing cost of psychotropic medications and the number of consumers who require them.	✓	✓	Agencywide

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Budget and Staff Resources

Agency Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff					
Years					
Regular	419/ 409.85	419/ 409.85	419/ 409.85	419/ 409.85	422/ 412.85
Grant	33/ 30.5	33/ 30.5	34/ 31.5	34/ 31.5	34/ 31.5
Expenditures:					
Personnel Services	\$33,888,479	\$34,033,493	\$34,445,394	\$36,246,013	\$36,306,013
Operating Expenses	17,388,479	15,138,229	18,856,185	18,508,792	18,508,792
Capital Equipment	0	0	0	0	0
Subtotal	\$51,276,958	\$49,171,722	\$53,301,579	\$54,754,805	\$54,814,805
Less:					
Recovered Costs	(\$144,145)	(\$135,230)	(\$135,230)	(\$139,853)	(\$139,853)
Total Expenditures	\$51,132,813	\$49,036,492	\$53,166,349	\$54,614,952	\$54,674,952
Revenue:					
Fairfax County	\$29,895,015	\$29,888,237	\$30,152,009	\$34,212,407	\$34,272,407
Fairfax City	476,917	476,917	476,917	476,917	476,917
Falls Church City	239,561	239,561	239,561	239,561	239,561
State DMHMRAS	9,409,492	8,550,475	12,103,117	11,380,358	11,380,358
State Other	14,810	17,099	23,815	19,752	19,752
Federal Block Grant	1,485,778	1,470,110	1,496,480	1,496,480	1,496,480
Federal Other	2,070,334	406,435	613,574	384,663	384,663
Medicaid Option	3,156,284	3,526,170	3,561,545	3,613,879	3,613,879
Program/Client Fees	1,823,992	1,726,776	1,726,776	1,726,776	1,726,776
CSA Pooled Funds	842,843	1,043,035	822,268	1,043,035	1,043,035
Miscellaneous	177,982	146,344	21,124	21,124	21,124
Fund Balance	1,539,805	1,545,333	1,929,163	0	0
Total Revenue	\$51,132,813	\$49,036,492	\$53,166,349	\$54,614,952	\$54,674,952

FY 2006 Funding Adjustments

The following funding adjustments from the FY 2005 Revised Budget Plan are necessary to support the FY 2006 program:

- ◆ **Employee Compensation** **\$2,117,100**

A net increase of \$2,117,100 is due to an additional \$2,121,723 in Personnel Services associated with salary adjustments necessary to support the County's compensation program, an increase of the shift differential rate to \$0.85 for the evening shift and \$1.10 for the midnight shift, and an increase in holiday pay to compensate employees according to their actual holiday shift hours worked, offset by \$4,623 in Recovered Costs for reimbursed salaries.
- ◆ **Miscellaneous Operating Expenses** **\$211,647**

A net increase of \$211,647 in Operating Expenses is due to increases of \$204,741 for a 2.49 percent contract rate increase for providers of contracted mental health services, and \$18,500 to increase the automobile mileage reimbursement rate to \$0.405 per mile, offset by a net decrease of \$11,594 for Department of Vehicle Services charges related to fuel, vehicle replacement, motor pool and maintenance costs.

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- ◆ **CrisisLink Contract** **\$132,040**
An increase of \$132,040 in Operating Expenses is associated with a one-year contract to continue County support of CrisisLink, a crisis hotline that links residents facing life crises, trauma and suicide with essential lifesaving services.
- ◆ **Property Rent Increase** **\$59,285**
An increase of \$59,285 in Operating Expenses is associated with a 3 percent growth rate for rental properties associated with mental health services.
- ◆ **Carryover and Grant Adjustments** **(\$604,789)**
A decrease of \$604,789 is attributable to the carryover of unexpended FY 2004 grant funds to FY 2005 necessary to provide funding through Program Year 2004 and ongoing grant adjustments, and encumbered carryover. In particular, a \$348,825 decrease in grants is comprised of \$240,490 in Personnel Services and \$108,335 in Operating Expenses, and a decrease of \$255,964 in Operating Expenses is associated with encumbered carryover.

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2006 Advertised Budget Plan, as approved by the Board of Supervisors on April 25, 2005:

- ◆ **Jail Diversion Program** **\$0**
An increase of 3/3.0 SYE merit Mental Health Therapist positions is required to implement the Mental Illness portion of the Jail Diversion program that seeks to divert individuals from arrest and transport them instead to detoxification centers for treatment. The additional positions will allow support for case management services (e.g., assuring safety plans, housing and linkages to needed mental health, substance abuse and medical services) and coordination with hospitals. These positions will be funded through flexibility found within the CSB's, Office of the Sheriff's, and the Police Department's FY 2006 budgets because the agencies recognize the value and importance of the Jail Diversion program. Please note that there is also an increase of 4/4.0 SYE merit positions in Alcohol and Drug Services for the Drunk in Public portion of the Jail Diversion program.
- ◆ **Fair Labor Standards Act (FLSA) Overtime Eligibility** **\$60,000**
An increase of \$60,000 is associated with Senate Bill 873, which was adopted by the 2005 Virginia General Assembly. This bill extends overtime categories and guarantees overtime pay to eligible personnel for scheduled hours without regard to whether the employees actually work so long as they are in pay status.

Changes to FY 2005 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2005 Revised Budget Plan since passage of the FY 2005 Adopted Budget Plan. Included are all adjustments made as part of the FY 2004 Carryover Review and all other approved changes through December 31, 2004:

- ◆ **Carryover Adjustments** **\$3,663,177**
As part of the FY 2004 Carryover Review, a total increase of \$3,663,177 was attributable to the following increases: \$1,749,656 for a State Reinvestment Initiative Project grant; \$990,866 for carryover of unexpended FY 2004 grant funds to FY 2005; \$263,772 to amend a contract with Inova Mt. Vernon Hospital; \$255,964 in encumbered carryover; \$240,000 for a pending Discharge Assistance Program grant; \$70,361 for a Ryan White grant; \$40,985 for a Rape Prevention and Education grant; \$28,745 in grant adjustments; and \$22,828 for a VSTOP grant.

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The following funding adjustments reflect all approved changes to the FY 2005 Revised Budget Plan from January 1, 2005 through April 18, 2005. Included are all adjustments made as part of the FY 2005 Third Quarter Review:

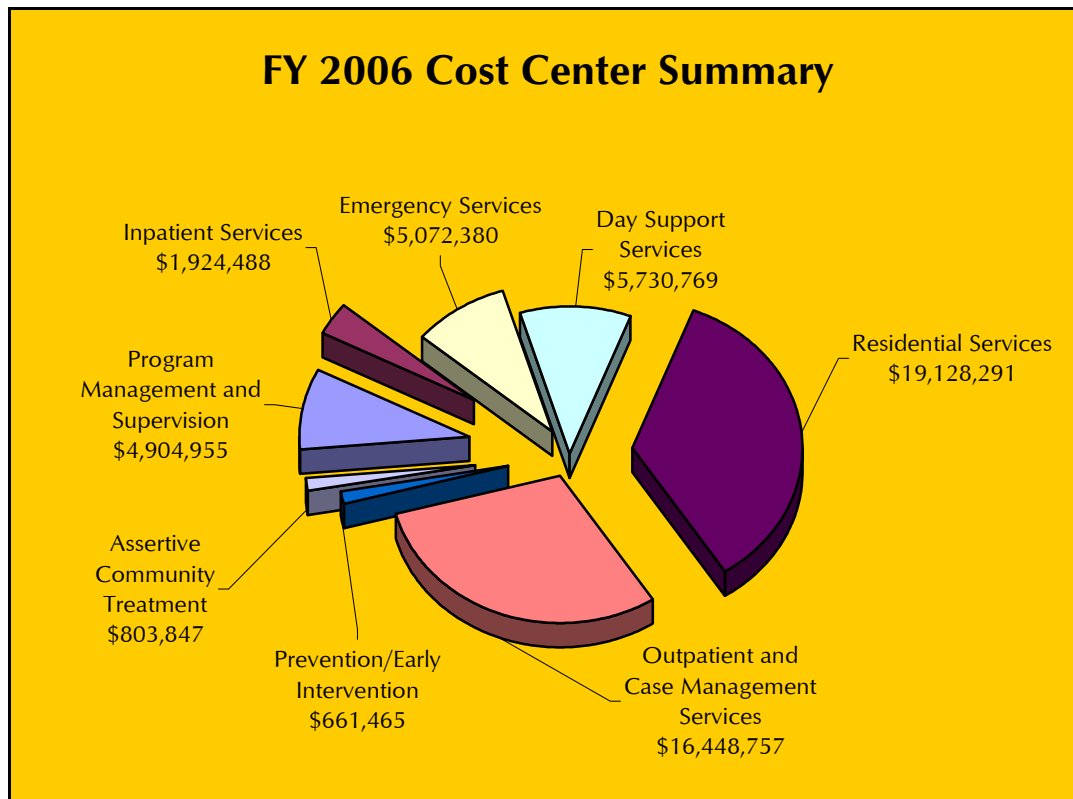
- ◆ **Grant and State COLA Adjustments** **\$524,207**

A total increase of \$524,207 in expenditures is necessary to appropriate a commensurate increase in revenue attributable to new federal grant award funding, an increase in State COLA, and other adjustments to current year grant awards. This is comprised of \$360,000 in State Discharge Assistance Program funding to prevent hospitalization or transition consumers from psychiatric hospitalization to appropriate residential treatment plans in the community; \$163,549 in increased revenue from the State General Fund for State COLA to support enhanced staffing levels at Woodburn Place and enhancements in the Discharge Assistance and Diversion program; \$457 for the Mental Health V-Stop grant; and \$201 for the Mental Health Rape Prevention grant.
- ◆ **Internal Funding Adjustment and Realignment Between CSB Agencies** **\$127,865**

An increase of \$127,865 in expenditures is due to funding adjustments and realignment between CSB agencies to reflect updated expenditure requirements for the remainder of FY 2005.
- ◆ **Miscellaneous Adjustments** **(\$185,392)**

A net decrease in expenditures of \$185,392, with commensurate revenue adjustments, is comprised of increases of \$17,684 for the Stevenson Place/Adult Living Facility contract, \$10,191 for the Supported Housing Option Program (SHOP), and \$7,500 for improved homeless shelter services, offset by a decrease of \$220,767 due to funding availability within the group home allocation based on utilization.

Cost Centers



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Program Management and Supervision

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	69/ 68	69/ 68	67/ 66	67/ 66	67/ 66
Grant	2/ 2	2/ 2	2/ 2	2/ 2	2/ 2
Total Expenditures	\$5,010,660	\$4,286,837	\$4,418,822	\$4,844,955	\$4,904,955

Position Summary					
1 Director - Mental Health Programs	2 Mental Health Managers	1 Medical Records Administrator			
1 Director - CSB Planning and Development	2 Mental Health Supervisors/ Specialists, 1 PT	1 Volunteer Services Coordinator II			
1 Senior Supervisory Psychiatrist	1 Management Analyst II	1 Administrative Assistant V			
6 Mental Health Division Directors	1 Business Analyst II	8 Administrative Assistants IV			
1 Director of Clinical Operations		9 Administrative Assistants III			
		31 Administrative Assistants II			
Grant Positions					
Rev-Max Title IV-E					
1 Management Analyst I	1 Administrative Assistant IV				
TOTAL POSITIONS					
67 Positions / 66.0 Staff Years					
2 Grant Position / 2.0 Staff Years					
PT Denotes Part-Time Position					

Key Performance Measures

Goal

To provide management, programming, financial monitoring, training, and general support services to ensure that treatment interventions are delivered in an efficient and effective manner throughout Mental Health Services.

Objectives

- ◆ To provide direction and management support to Mental Health programs so that 70 percent of service quality and outcome goals are achieved.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Percent of mental health performance indicators (service quality and outcome) achieved	57%	82%	70% / 86%	70%	70%

Performance Measurement Results

In FY 2004, 19 out of 22, or 86 percent, of service quality and outcome goals were met by Mental Health programs, well exceeding the target of 70 percent. Of the targets not met, all can be attributed to serving a more at-risk population than anticipated. All performance indicators will be reviewed and assessed in the context of new initiatives in measuring the effectiveness, efficiency and quality of programs, and changes will be made if necessary. Please note that during the next year, Mental Health Services is anticipating the issuance of new guidelines for performance measures from the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. Those state standards will inform further data collection by the CSB.

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Inpatient Services

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	1/ 1	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	\$274,986	\$257,150	\$2,390,159	\$1,924,488	\$1,924,488

Position Summary	
1	MH/MR/ADS Senior Clinician
TOTAL POSITIONS	
1 Position / 1.0 Staff Year	

Goal

To facilitate admissions, inpatient consultation, treatment and discharge planning activities related to all CSB clients admitted to the Inova Mount Vernon Hospital and who are referred to the full time on-site CSB hospital liaison. This includes all CSB clients admitted and/or readmitted to the Inova Mount Vernon Hospital psychiatry unit.

Objectives

- ◆ To facilitate admissions, inpatient consultation, and discharge planning activities related to CSB consumers admitted to Inova Mount Vernon Hospital beds paid for by the CSB.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Persons served	250	269	250 / 94	250	250
Efficiency:					
Annual cost per client	\$199	\$166	\$283 / \$653	\$299	\$317
Outcome:					
Percent of clients referred to the CSB hospital liaison that are linked with appropriate Mental Health, Mental Retardation, and/or Alcohol and Drug Services	96%	97%	90% / 99%	90%	90%

Performance Measurement Results

In FY 2004, 94 persons were served through Inpatient Services rather than the target of 250 persons due a much higher than expected rate of client readmission. This higher rate of readmission also resulted in a much higher annual cost per client than estimated – \$653 per client compared to the target of \$283.

The effective utilization of available psychiatric beds and connecting consumers to needed services in the community upon discharge will be increasingly important as the availability of hospital beds in our community decreases. Both the utilization and referrals to hospital liaisons exceeded the targets set for FY 2004 with the liaison linkage at 99 percent and the utilization of available bed days at 99 percent. Please note that the CSB renegotiated its contract with the Inova Health System and is no longer purchasing beds. As a result, the

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objective related to utilization of bed days and the corresponding performance indicators are no longer applicable.

Emergency Services

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	41/ 41	41/ 41	41/ 41	41/ 41	41/ 41
Total Expenditures	\$4,957,223	\$4,823,201	\$4,955,241	\$5,072,380	\$5,072,380

Position Summary					
<u>General Emergency</u>		<u>Forensic Services</u>		<u>Mobile Crisis Unit</u>	
1	Mental Health Manager	1	Mental Health Manager	1	Mental Health Manager
2	Emergency/Mobile Crisis Supervisors	4	Senior Clinicians	2	Emergency/Mobile Crisis Supervisors
10	Mental Health Supervisors/Specialists	1	Mental Health Supervisors/Specialists	4	Mental Health Supervisors/Specialists
6	Psychiatrists	3	Clinical Psychologists		
		1	Psychiatrist		
		1	Public Health Nurse III	1	Mental Health Manager
				3	Mental Health Therapists
TOTAL POSITIONS					
41 Positions / 41.0 Staff Years					

Key Performance Measures

Goal

To provide 24-hour per day comprehensive psychiatric emergency services which includes: providing all preadmission evaluations for voluntary and involuntary hospitalization and crisis residential services, providing evaluations for persons who have been temporarily detained at a hospital because they are a danger to themselves or others, and providing Mobile Crisis Unit services to assist individuals in crisis in the community.

Objectives

- ◆ To provide stabilization services outside of the hospital to 95 percent of clients seen in General Emergency Services.
- ◆ To conduct 98 percent of evaluations within 24 hours after initial contact.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
General Emergency - Service hours provided	33,417	34,764	35,000 / 33,386	35,000	35,000
General Emergency - Persons seen	5,053	4,801	5,300 / 5,053	5,300	5,300
Independent Evaluators - Persons seen	464	491	464 / 483	464	464
Independent Evaluators - Service hours provided	1,295	1,354	1,294 / 1,322	1,294	1,294

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Efficiency:					
General Emergency - Annual cost per client	\$504	\$569	\$472 / \$460	\$497	\$521
Independent Evaluators - Annual cost per client	\$281	\$238	\$270 / \$288	\$279	\$286
Outcome:					
General Emergency - Percent of clients who receive stabilization services outside of the hospital	96%	97%	90% / 97%	95%	95%
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	98%	97%	98% / 98%	98%	98%

Performance Measurement Results

Of the clients seen through General Emergency Services in FY 2004, 97 percent received stabilization services outside of a hospital setting. This is above the target of 90 percent and the ability to maintain this outcome will assist, although not eliminate, the impact of the anticipated decline in psychiatric beds.

Independent Evaluators are licensed Clinical Psychologists who evaluate persons temporarily detained at a hospital because they have been judged by MH Emergency staff to be a danger to themselves or others due to their mental illness. Independent evaluators make recommendations to a Special Justice at Commitment Hearings as to whether or not individuals should be committed to a hospital (against their will) for treatment of their mental illness. Independent Evaluators had a FY 2004 goal of evaluating detained individuals within 24-hours of being notified of any given detention and the target of 98 percent was met.

Day Support Services

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	20/ 19.5	20/ 19.5	20/ 19.5	20/ 19.5	20/ 19.5
Total Expenditures	\$5,670,414	\$5,573,569	\$5,573,341	\$5,730,769	\$5,730,769

Position Summary	
<u>Adult Day Treatment</u>	<u>Adolescent Day Treatment</u>
2 Mental Health Managers	1 Mental Health Manager
1 Mental Health Supervisor/Specialist	2 Senior Clinicians
8 Senior Clinicians	1 Mental Health Supervisor/Specialist
1 Mobile Clinic Driver	2 Mental Health Therapists
1 Psychiatrist, PT	1 MR/MH/ADS Aide
TOTAL POSITIONS	
20 Positions / 19.5 Staff Years	PT Denotes Part-Time Position

Fund 106

Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goal

To provide a continuum of services that will improve the community stabilization and functional capacity of adults who have serious mentally illness (SMI) and children who have serious emotional disturbance (SED). Services include Adult Day Treatment, Adolescent Day Treatment, Adult Psychosocial Rehabilitation programs, Sheltered Employment, Supported Employment and Transitional Employment. Services will be coordinated seamlessly in partnership by CSB and contract providers.

Objectives

- ◆ To improve individual Global Assessment of Functioning (GAF) scores by at least 10 points for 70 percent of adults served in Adult Day Treatment programs.
- ◆ To improve functional level, as measured by the Child and Adolescent Functional Assessment Scale (CAFAS), by 10 or more points for 75 percent of adolescents served in Adolescent Day Treatment programs.
- ◆ To enable 30 percent of clients served in psychosocial rehabilitation programs to transition to supported or competitive employment.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Adult Day Treatment - Clients served	196	221	172 / 210	172	172
Adult Day Treatment - Service hours provided	34,042	33,004	33,000 / 37,856	33,000	33,000
Adolescent Day Treatment - Clients served	37	38	38 / 40	38	38
Adolescent Day Treatment - Service hours provided	15,949	18,602	13,600 / 19,642	13,600	13,600
Day Support - Service hours provided	202,067	193,570	184,980 / 163,035	184,980	184,980
Day Support - Clients served	527	570	525 / 587	525	525
Efficiency:					
Adult Day Treatment - Annual cost per client	\$5,711	\$4,730	\$6,293 / \$4,953	\$6,638	\$6,985
Adolescent Day Treatment - Annual cost per client	\$11,925	\$12,094	\$16,035 / \$13,972	\$16,873	\$17,789
Day Support - Annual cost per client	\$5,678	\$6,255	\$6,422 / \$5,950	\$6,513	\$6,075

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Service Quality:					
Adolescent Day Treatment - Percent of clients and family members satisfied with services	70%	84%	90% / 92%	90%	90%
Psychosocial rehabilitation - Length of wait for admission - Priority (weeks)	1-2	1.5	1-2 / 2	1-2	1-2
Psychosocial rehabilitation - Length of wait for admission - Others (months)	6-24	4	6-24 / 3.5	6-24	6-24
Outcome:					
Adult Day Treatment - Percent of clients demonstrating improvement of 10 points or more in GAF score	68%	90%	70% / 70%	70%	70%
Adolescent Day Treatment - Percent of clients demonstrating improvement of 10 or more points in level of functioning as measured by CAFAS	48%	74%	75% / 79%	75%	75%
Psychosocial rehabilitation - Percent of clients who transition to supported or competitive employment	27%	33%	30% / 29%	30%	30%

Performance Measurement Results

In FY 2004, more adult and adolescent clients were served than estimated primarily due to early discharges and completed treatment which allowed more new clients to receive services. This also resulted in a lower cost per client than originally estimated since operating costs remained the same.

In terms of outcomes, in Adult Day Treatment, the targeted goal of a 10 point improvement among 70 percent of consumers was met. In Adolescent Day Treatment, 79 percent of the clients demonstrated an improvement of 10 points or more in functioning level, as measured by the CAFAS, thus exceeding the target of 75 percent. These successes are expected to continue and future targets may be increased depending upon performance in FY 2005. In Psychosocial Rehabilitation, with assistance from one of CSB's main contractors, Psychosocial Rehabilitation Services, 29 percent of clients transitioned to supported or competitive employment in FY 2004, which is just slightly below the target of 30 percent.

Fund 106

Community Services Board (CSB) - Mental Health Services

Residential Services

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	124/ 123.5	124/ 123.5	124/ 123.5	124/ 123.5	124/ 123.5
Grant	12/ 12	12/ 12	13/ 13	13/ 13	13/ 13
Total Expenditures	\$16,202,570	\$17,050,536	\$18,210,174	\$19,128,291	\$19,128,291

Position Summary		
<u>Supervised Apartments</u> 1 Mental Health Manager 4 Mental Health Supervisors/Specialists 11 Mental Health Therapists 1 Mental Health Counselor	<u>Group Home - Sojourn House</u> 1 Mental Health Supervisor/Specialist 5 Mental Health Therapists 1 Senior Clinician 2 Mental Health Counselors	<u>Cornerstones Dual Diagnosis Facility</u> 1 Mental Health Supervisor/Specialist 2 Mental Health Therapists 3 Mental Health Counselors
<u>Res. Treatment Center - Leland House Crisis Care</u> 1 Mental Health Manager 2 Mental Health Supervisors/Specialists 12 Mental Health Therapists 4 Mental Health Counselors 1 Cook 1 Nurse Practitioner	<u>Homeless Services - Shelter</u> 4 Mental Health Supervisors/Specialists 9 Mental Health Therapists 1 Psychiatrist	<u>Residential Intensive Care</u> 1 Mental Health Manager 5 Mental Health Supervisors/Specialists 2 Asst. Residential Counselors, 1PT 1 Public Health Nurse II 1 Mental Health Therapist
<u>Group Home - Franconia Road</u> 1 Mental Health Supervisor/Specialist 3 Mental Health Therapists 4 Mental Health Counselors	<u>Transitional Group Home - Patrick Street</u> 1 Mental Health Manager 1 Mental Health Supervisor/Specialist 3 Mental Health Therapists 3 Mental Health Counselors	<u>Residential Extensive Dual Diagnosis</u> 1 Mental Health Supervisor/Specialist 1 Mental Health Therapist 1 Mental Health Counselor
<u>Group Home - My Friend's Place</u> 1 Mental Health Supervisor/Specialist 4 Mental Health Therapists 1 Senior Clinician 3 Mental Health Counselors	<u>Transitional Group Home - Beacon Hill</u> 2 Mental Health Therapists 3 Mental Health Counselors 1 Mental Health Supervisor/Specialist	<u>PACT Residential Assistance</u> 1 Mental Health Counselor
	<u>Emergency Shelter - Women's Shelter</u> 1 Mental Health Supervisor/Specialist 5 Mental Health Therapists 2 Senior Clinician	<u>Supportive Services</u> 1 Mental Health Supervisor/Specialist 3 Mental Health Therapists
Grant Positions		
<u>Transitional Group Home - Beacon Hill</u> 1 Mental Health Therapist	<u>Residential Intensive Care</u> 2 Mental Health Therapists 1 Assistant Residential Counselor	<u>Residential Extensive Dual Diagnosis</u> 1 Mental Health Therapist 1 Mental Health Counselor
<u>Extension Apartments</u> 3 Mental Health Therapists	<u>Homeless Services - Shelters</u> 1 Mental Health Manager	<u>PATH/Homeless Services - Outreach</u> 3 Mental Health Therapists
TOTAL POSITIONS 124 Positions / 123.5 Staff Years 13 Grant Positions / 13.0 Staff Years		
PT Denotes Part-Time Positions		

Key Performance Measures

Goal

To provide treatment and support to adults with serious mental illness residing in group homes, apartments, domiciliary care and homeless shelters and to assist them with community living.

Fund 106

Community Services Board (CSB) - Mental Health Services

Objectives

- ◆ To enable 55 percent of clients served in the Supervised Apartment program to move to a more independent residential setting within one year.
- ◆ To enable 95 percent of clients served by Supportive Services to maintain stable housing for one year or more.
- ◆ To enable 90 percent of all clients served in the contracted Supported Living Arrangements program to maintain stable housing for one year or more.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Supervised Apartments - Clients served	236	NA	560 / 239	240	240
Supervised Apartments - Service days provided	57,590	59,586	51,000 / 66,055	60,000	60,000
Supportive Living - Clients served	265	1,086	1,100 / 256	265	265
Supportive Living - Service hours provided	16,069	11,292	12,000 / 16,798	16,000	16,000
Supported Living Arrangements - Clients served	149	177	157 / 149	157	157
Supported Living Arrangements - Service hours provided	9,871	NA	6,995 / 11,428	6,995	6,995
Efficiency:					
Supervised Apartments - Annual cost per client	\$5,262	\$2,318	\$2,497 / \$5,336	\$6,070	\$6,321
Supportive Living - Annual cost per client	\$1,047	\$220	\$252 / \$1,021	\$1,025	\$1,025
Supported Living Arrangements - Annual cost per client	\$3,990	\$3,511	\$3,679 / \$4,282	\$4,104	\$4,426
Service Quality:					
Supervised Apartments - Length of wait for admission (months)	6	6	6 / 6	6	6
Supportive Living - Length of wait for admission (months)	12	12	4 / 12	12	12
Supported Living Arrangements - Average length of time individual waits before receiving residential services (months)	12.0	48.0	24.0 / 11.5	24.0	24.0
Outcome:					
Supervised Apartments - Percent of clients able to move to a more independent residential setting upon discharge	78%	55%	78% / 55%	55%	55%
Supportive Living - Percent of clients maintaining stable housing for one year or more	98%	98%	85% / 98%	95%	95%

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Supported Living Arrangements - Percent of clients who are able to maintain stable housing for one year or more	91%	90%	90% / 100%	90%	90%

Performance Measurement Results

A major goal for individuals with serious mental illness is to have their own home and live in the community with the appropriate clinical and residential supports. Supervised Services provides residential treatment in a stable, supportive, therapeutic setting in which consumers with a serious mental illness learn and practice the life skills needed for successful community living. The ultimate goal is for these consumers to transition into the most manageable independent living environment.

Supportive Services provides services that support consumers to acquire their own long-term permanent housing and maintain their independent long-term permanent residential arrangement. Supportive services are directly run by the CSB while the Supportive Living Arrangements (SLA) are contracted. In FY 2004, 55 percent of clients served by the CSB's Supervised Apartment program were able to move to a more independent residential setting upon discharge, falling short of the 78 percent target, because the population served was more at-risk than anticipated. In addition, 98 percent of consumers served by the Supportive Living program were able to stay in their own housing arrangement for one year or more, thereby surpassing the goal of 85 percent. Additionally, 100 percent of all clients served by contracted residential services in FY 2003 remained in their residential placements for one year or more, exceeding the 90 percent target.

Outpatient and Case Management Services

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	157/ 150.85	157/ 150.85	159/ 152.85	159/ 152.85	162/ 155.85
Grant	3/ 3	3/ 3	3/ 3	3/ 3	3/ 3
Total Expenditures	\$15,937,127	\$15,652,525	\$16,136,665	\$16,448,757	\$16,448,757

Position Summary		
<u>Adult Community Services</u>	<u>Youth and Family Services</u>	<u>Grant Positions</u>
1 Mental Health Division Director	6 Mental Health Managers	<u>Ryan White CARE Act</u>
7 Mental Health Managers	7 Mental Health Supervisors/Specialists	1 Senior Clinician
20 Mental Health Supervisors/Specialists	23 Senior Clinicians, 4 PT	
44 Senior Clinicians, 2 PT	7 Mental Health Therapists	<u>Services to Violent</u>
22 Mental Health Therapists (3), 2 PT	3 Psychiatrists, 2 PT	<u>Offenders</u>
1 Nurse Practitioner	6 Clinical Psychologists	1 Mental Health Therapist
8 Psychiatrists, 4 PT	2 Psychology Interns	
1 Clinical Psychologist		<u>Rev Max – Title IV-E</u>
3 Psychology Interns		1 Senior Clinician
1 Mental Health Counselor		
TOTAL POSITIONS		
162 Positions (3) / 155.85 (3.0) Staff Years		() Denotes New Positions
3 Grant Positions / 3.0 Staff Years		PT Denotes Part-Time Positions

Fund 106

Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goal

Adults: To stabilize mental health crises and symptoms, facilitate optimal community integration, assist in managing reoccurrence of symptoms and building resilience, and promote self-management, self-advocacy and wellness.

Youth and Family: To provide assessment, evaluation, multi-modal treatment, case management, psycho-educational and pharmacological services to the children, youth and families (ages 3 to 18) of Fairfax County. These services will be provided through interagency collaboration and practice as mandated by the Comprehensive Services Act.

Objectives

- ◆ To enable 75 percent of clients served in the Comprehensive Treatment and Recovery program to reach 75 percent of their treatment goals at discharge.
- ◆ To enable 85 percent of adult consumers to report a rating of satisfaction on delivered services.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Clients served	1,929	3,246	2,100 / 3,346	2,100	2,100
Service hours provided	31,988	51,536	36,000 / 38,460	36,000	36,000
Efficiency:					
Annual cost per client	\$4,308	\$2,734	\$4,179 / \$2,824	\$4,405	\$4,863
Service Quality:					
Percent of clients satisfied with services	88%	88%	85% / 85%	85%	85%
Outcome:					
Percent of clients who meet 75 percent of treatment goals at discharge	80%	93%	75% / 77%	75%	75%

Performance Measurement Results

In FY 2004, 3,346 clients were served which exceeded the target of 2,100, while the annual cost per client was lower than targeted. This clinically effective and more cost-efficient treatment is due to better training and mentoring of staff and a greater emphasis on group treatment.

In terms of service quality, provision of quality services is dependent on feedback from the consumers who receive the services. The Adult and Family program has utilized a state-mandated consumer satisfaction instrument, in addition to focus groups, to solicit information from consumers about their experiences. Based on the responses received, 85 percent of consumers expressed overall satisfaction with the services they received, thus meeting the performance target level. Staff will continue using consumer feedback as part of the CSB's continuous quality improvement effort.

Regarding program outcomes, in FY 2004, 77 percent of adult consumers met 75 percent of the treatment goals at discharge, thus exceeding the target of 75 percent.

Fund 106

Community Services Board (CSB) - Mental Health Services

Prevention/Early Intervention Services

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	7/ 6	7/ 6	7/ 6	7/ 6	7/ 6
Grant	5/ 2.5	5/ 2.5	5/ 2.5	5/ 2.5	5/ 2.5
Total Expenditures	\$2,214,855	\$631,379	\$720,652	\$661,465	\$661,465

Position Summary	
<u>Early Intervention</u> 2 Mental Health Supervisors/Specialists 1 Senior Clinician, PT 3 Mental Health Therapists, 1 PT <u>Prevention</u> 1 Mental Health Supervisor/Specialist	<u>Grant Positions</u> <u>Sexual Assault Prevention</u> 3 Mental Health Therapists, 3 PT 1 Human Services Coordinator II, PT 1 Volunteer Service Coordinator I, PT
<u>TOTAL POSITIONS</u> 7 Positions / 6.0 Staff Years 5 Grant Positions / 2.5 Staff Years	
PT Denotes Part-Time Positions	

Key Performance Measures

Goal

To offer prevention and early intervention services for at-risk populations, as well as educate families, community agencies, the public and other providers about the needs of individuals with mental illness.

Objectives

- ◆ To enable 70 percent of participants in the Men's Program (ADAPT) to successfully complete the program.
- ◆ To enable 98 percent of individuals completing the Men's Program (ADAPT) to avoid being returned to the program by the Courts.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Persons served	304	304	300 / 266	300	250
Service hours provided	3,130	2,689	3,115 / 1,790	3,115	2,596
Efficiency:					
Annual cost per client	\$447	\$453	\$453 / \$560	\$467	\$633
Outcome:					
Percent of participants who complete program	68%	70%	70% / 75%	70%	70%
Percent of clients not returned to program by the Courts	100%	100%	98% / 100%	98%	98%

Fund 106

Community Services Board (CSB) - Mental Health Services

Performance Measurement Results

In FY 2004, 266 persons were served rather than the targeted 300 due to staff vacancies that had a direct impact on the number of clients seen. The fewer clients served also resulted in the annual cost per client to be \$560, or \$107 greater than the targeted amount of \$453 per client. However, of the persons served by the program in FY 2004, 75 percent of participants completed the program, or 5 percent more than the estimate. In addition, none were returned back to the program by the Courts – a success rate of 100 percent.

Program of Assertive Community Treatment (PACT)



Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Grant	11/ 11	11/ 11	11/ 11	11/ 11	11/ 11
Total Expenditures	\$864,978	\$761,295	\$761,295	\$803,847	\$803,847

Position Summary					
1	Mental Health Manager	3	Mental Health Therapists	1	Administrative Assistant III
3	Mental Health Supervisors/Specialists	3	Public Health Nurses III		
TOTAL POSITIONS					
11 Grant Positions / 11.0 Staff Years					

Key Performance Measures

Goal

To provide assertive, out of the office treatment, rehabilitation, crisis intervention and support services 365 days per year to adults with severe and persistent mental illness resulting in lowered hospitalization, incarceration and homelessness rates.

Objectives

- ◆ To improve community tenure by increasing the number of days PACT consumers reside in the community. Specifically, after one year of participation in the PACT program, to enable 90 percent of PACT participants to reside in the community at least 300 days during the following 12 months without incidents of hospitalization, incarceration, or homelessness.

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Clients served	85	98	89 / 119	89	89
Service hours provided	15,909	15,779	15,779 / 16,257	15,779	15,779
Efficiency:					
Annual cost per client	\$10,455	\$9,736	\$8,611 / \$7,269	\$8,592	\$9,032
Service Quality:					
Percent of clients satisfied with services	100%	95%	90% / 91%	90%	90%
Outcome:					
Percent of clients who reside in the community at least 300 days in the 12 months after one year of participation in the PACT program	84%	93%	85% / 92%	90%	90%

Performance Measurement Results

From FY 2003 to FY 2004, PACT increased the number of persons served by 21.4 percent, from 98 clients to 119, while maintaining an emphasis on serving persons with prior psychiatric hospitalizations (99 percent), prior periods of homelessness (58 percent) and past judicial system involvement (37 percent). In addition, an increasing number of clients who participate in PACT for one year have maintained community residence for the majority of 12 months. More specifically, 92 percent of PACT consumers in FY 2004 resided in the community more than 300 days, without incidents of hospitalization, incarceration or homelessness. Similarly, satisfaction with services remains high, at 91 percent in FY 2004. These data illustrate the effectiveness of PACT's model in helping citizens with serious mental illness achieve their goal of living successfully in the community.